



Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X 2X4  
 Fax: 416.231.4903  
 Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

- This Level 1 RSMP applies to:
- a facility with a total propane storage capacity of 5,000 USWG or less; or
  - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

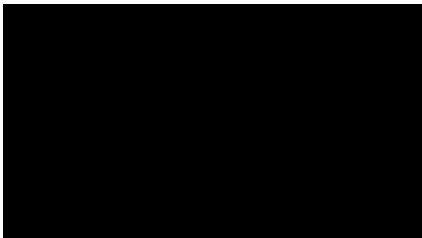
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number: 000076645945

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Company Name: A ST-LAWRENCE INDUSTRIAL & SAFETY    Ontario Corporation No., if applicable: \_\_\_\_\_

Operator Name (if different from above): \_\_\_\_\_

Telephone No. 613-938-5710    Fax No. 613-938-9847    E-mail PIERRE@WESUPPLY.IT.CA

Street No. 232    Street Name / 911 Number / Address, if applicable: ELEVENTH ST. W

Town / City or Township / County: CORNWALL    Province: ONTARIO    Postal Code: K6S 3B2

Mailing address if different from above:

Street No.: \_\_\_\_\_    Street Name / 911 Number / Address, if applicable: \_\_\_\_\_

Town / City or Township / County: \_\_\_\_\_    Province: \_\_\_\_\_    Postal Code: \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of facility:

Street No. D 232    Street Name / 911 Number / Address, if applicable: ELEVENTH ST. W    Nearest Major Intersection: PETT & ELEVENTH

Town / City or Township / County: CORNWALL    Province: ONTARIO    Postal Code: K6S 3B2

Name of Licence Holder: ST-LAWRENCE INDUSTRIAL & SAFETY SUPPLY INC.

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT): PIERRE BISSONNETTE    ROT type: \_\_\_\_\_

Municipality (or municipalities if the facility or its hazard distance touches multiple borders): \_\_\_\_\_

Hours of operation:

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

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Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder		
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>PIERRE BISSONNETTE</u>		<u>JAN 27/11</u>



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*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION A: GENERAL INFORMATION (cont'd)**

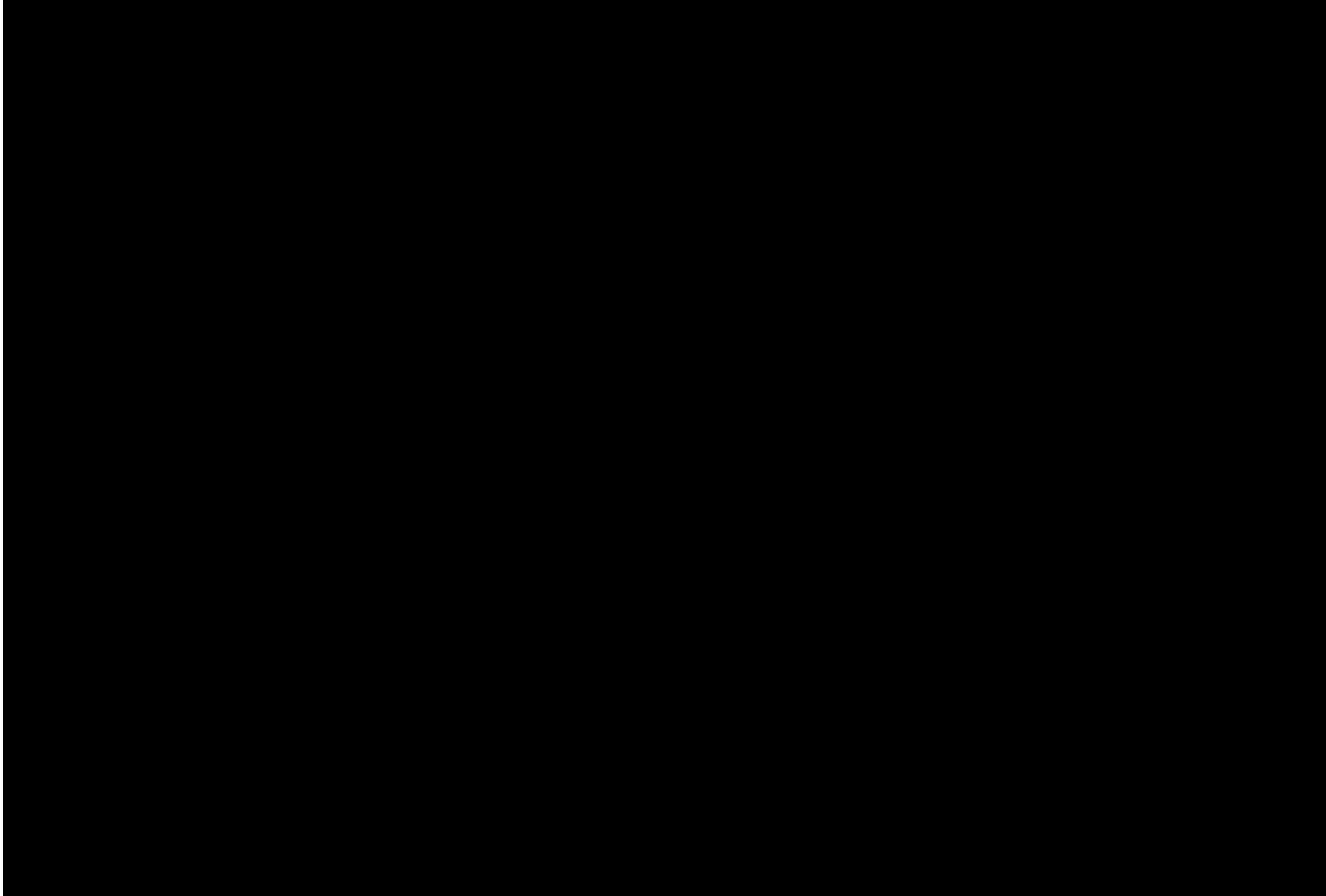
Indicate the year the facility was established. 1950      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 1990

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank1:	<u>250</u>	<u>250</u>
Tank2:	_____	_____
Tank3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000      Portable: 487 \*      Mobile: 0



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Name of person completing this form (please print) <u>PIERRE BESSONNEILLE</u>		Official Title <u>OWNER</u>
Signature <u>[Signature]</u>	Telephone No. <u>613-938-5710</u>	Date (dd-mm-yyyy) <u>JAN 27/11</u>



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**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

Name of Propane Supplier(s) <b>SUPERIOR PROPANE</b>		For Office Use - Party No.	
Street No. <b>63</b>	Street Name / 911 Number / Address, if applicable <b>ROYDON PLACE</b>		
Town / City or Township / Country <b>NEPEAN</b>		Province <b>ONTARIO</b>	Postal Code <b>K2E 1A3</b>
Telephone No. <b>613-727-8807</b>	Fax No. <b>613-727-1316</b>	Contact Name <b>ROBIN VEJAR</b>	
E-mail <b>VEJAR.R@SUPERIORPROPANE.COM</b>			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage	Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

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Signature 	Telephone No. <b>613-938-5710</b>	Date (dd-mm-yyyy) <b>27/JAN/11</b>





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

2000 USCG PROPANE STORAGE TANK  
minimum of cylinders 300 maximum of 350 cyl.  
Compressed Gases ex: Oxygen, Acet, Argon

Description of fire and emergency equipment indicated on facility site map.

- Fire extinguishers ABC 20# 3 on site  
- City Hydrants are within 300'  
- No smoking, signs posted in all of the location

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

\*  
AUTOMATIC MAGNETIC SHUT OFF SWITCH, fusible links melts in fire to shut off  
- Local Alarm Company - Fire & Breach monitoring

Maintenance and testing schedule for fire protection controls and devices.

- Extinguishers re-certified once a year by Auto-Pro Fire Protection  
- Maintenance & testing records shall be made available to Fire Dept.  
- Fire Hydrants are City of Cornwall responsibility

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Name of person completing this form (please print) <b>PIERRE BISSONNETTE</b>	Official Title <b>OWNER</b>
Signature <i>Pierre Bissonnette</i>	Telephone No. <b>613-938-5710</b>
	Date (dd-mm-yyyy) <b>27/JAN/11</b>





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response --

**1. Facility Contact Personnel - Key Contact**

Name: PIERRE BISSONNETTE For Office Use - Party No.  
Official Title: OWNER  
Telephone No. 613-938-5710 Fax No. 613-938-9847  
E-mail: PIERRE@WESUPPLY.IT.CA  
Role and responsibilities in emergency: I am wiser between first responders & suppliers. Pierre Bissonnette

**5. Facility 24-Hour Contact Person**

Name: PIERRE BISSONNETTE For Office Use - Party No.  
Official Title: OWNER  
Cell No. 613-930-3959 Fax No. 613-938-9847  
E-mail: PIERRE@WESUPPLY.IT.CA  
Role and responsibilities in emergency: same as #1

**2. Facility Contact Personnel - Alternate Contact**

Name: DAVE VILLENEUVE For Office Use - Party No.  
Official Title: SALES REP.  
Telephone No. 613-938-5710 Fax No. 613-938-9847  
E-mail: DAVE@WESUPPLY.IT.CA  
Role and responsibilities in emergency: SAME AS OWNER.

**6. Name of Facility Manager**

Name: \_\_\_\_\_ For Office Use - Party No. \_\_\_\_\_  
Official Title: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Role and responsibilities in emergency: same as #1

**3. Local Fire Services - Key Contact**

Name: RICHARD MCCULLOUGH For Office Use - Party No. \_\_\_\_\_  
Official Title: DEPUTY FIRE CHIEF  
Telephone No. 613-930-2787 (2388) Fax No. 613-930-9089  
E-mail: R.MCCULLOUGH@CORNWALL.CA  
Role and responsibilities in emergency: TECHNICAL ASSISTANCE FOR SPECIALTIES EQUIPMENT.

**7. Propane Supplier Key Contact Person**

Name: ROBIN VEJAR For Office Use - Party No. \_\_\_\_\_  
Official Title: SALES MANAGER  
Telephone No. 613-727-8807 Fax No. 613-727-1316  
E-mail: VEJAR@SUPERIORPROPANE.COM  
Role and responsibilities in emergency: \_\_\_\_\_

**4. Local Fire Services - Alternate Contact**

Name: CLIFF CRITES. For Office Use - Party No. \_\_\_\_\_  
Official Title: SENIOR FIRE PREVENTION OFFICER  
Telephone No. 613-930-2787 (2381) Fax No. 613-930-9089  
E-mail: CCRITES@CORNWALL.CA  
Role and responsibilities in emergency: SAME AS #3.

**8. Municipal Contact**

Name: STEPHEN ALEXANDER For Office Use - Party No. \_\_\_\_\_  
Official Title: GENERAL MANAGER (PLANNING)  
Telephone No. 613-930-2787 (2353) Fax No. 613-930-7426  
E-mail: SALEXANDER@CORNWALL.CA  
Municipality: CITY OF CORNWALL.

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Signature <u>[Signature]</u>	Telephone No. <u>613-938-5710</u> Date (dd-mm-yyyy) <u>27/JAN/11</u>





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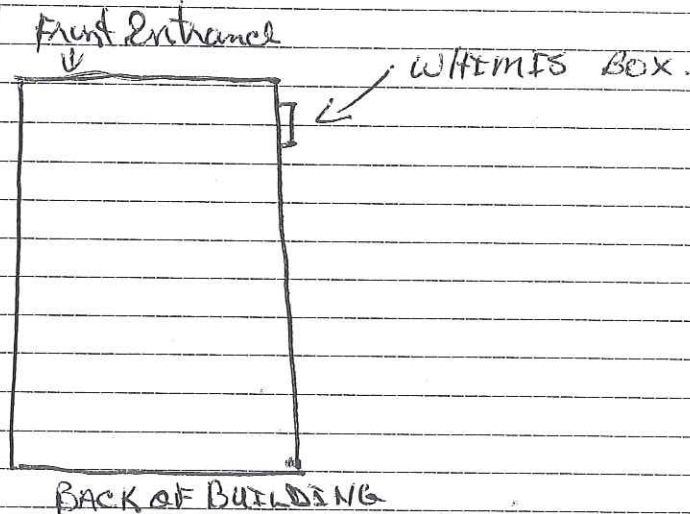
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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

- NONE OTHER THAN THE ERP.
- signs on trailers describing full cylinders and empty cylinder
  - WHMIS information centre located west side of building



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Name of person completing this form (please print) <b>PIERRE BISSONNETTE</b>		Official Title <b>OWNER</b>	
Signature <i>[Signature]</i>		Telephone No. <b>613-338-5710</b>	Date (dd-mm-yyyy) <b>27/JAN/11</b>



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) 27/07/10	Print Name of Training Provider: PIERRE BISSONNETTE
	Print Name of Instructor: PIERRE BISSONNETTE
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 27/07/10	Print Name of Training Provider: PIERRE BISSONNETTE
	Print Name of Instructor: PIERRE BISSONNETTE
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 27/07/10	Print Name of Training Provider: PIERRE BISSONNETTE
	Print Name of Instructor: PIERRE BISSONNETTE
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) PIERRE BISSONNETTE	Official Title OWNER
Signature <i>[Signature]</i>	Telephone No. 416-938-5710
	Date (dd-mm-yyyy) 27/JAN/11





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) <i>4/07/12</i>	Print Name of Training Provider: <i>SUPERIOR PROPANE.*</i>
	Print Name of Instructor: <i>MOE BOUSHER.</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) <i>4/07/12</i>	Print Name of Training Provider: <i>PIERRE BESSONNETTE</i>
	Print Name of Instructor: <i>PIERRE BESSONNETTE</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) <i>4/07/12</i>	Print Name of Training Provider: <i>PIERRE BESSONNETTE</i>
	Print Name of Instructor: <i>PIERRE BESSONNETTE</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>PIERRE BESSONNETTE</i>		Official Title <i>OWNER</i>	
Signature <i>[Signature]</i>		Telephone No. <i>613-998-5710</i>	Date (dd-mm-yyyy) <i>27/JAN/11</i>





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

911 by cell phone initially  
PIERRE BISSONNETTE GIVES WARNING VERBALLY EVERY MONTH AT MONTH END

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

Notify visitors & employees to evacuate, then call 911  
PIERRE BISSONNETTE, MEETING SETION AT MONTH END  
EXPLAINING PROCEDURE IN CASE OF EMERGENCY.  
to meet at specific location & wait for emergency responders.  
→ across the street Claude's Warehouse

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

BY PHONE 911 IN AN EMERGENCY ASAP

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

THEY HAVE FULL ACCESS TO YARD  
Fire Dept. to use bolt cutter to access.

Describe how the licence holder will ensure continual flow of updated information to authorities.

During inspection - E-MAIL PIERRE@WESUPPLY.IT.CA  
& site visits - BY PHONE 613-938-5710  
- BY FAX 613-938-9847  
- CELL PHONE 613-662-4482

How long will it take the facility liaison person to respond to the site.

5 MIN.

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Signature <i>Pwnt</i>	Telephone No. <b>613-938-5710</b>
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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**6. Building and Site Security and Procedures**

- |                                                                                                                                                                                                    | Yes                                 | No                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)? <i>turn off TSS valve (lock gate) advice of work.</i>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there adequate night lighting at the site?                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders? <i>call supplier to come to take care of overfill Robin Vepny 613-727-18807</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are weighing systems validated for accuracy?                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the schedule of maintenance and testing activities retained on site?                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**7. Water Supply**

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

- |                                                                                                                                                       | Yes                                 | No                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1. Is a pressurized water system available at the propane facility site?                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)            | <u>70</u>                           |                                     |
| 4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only) | <u>N/A.</u>                         |                                     |

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Signature <i>Pierre Bessonnette</i>	Telephone No. <b>613-938-5710</b>	Date (dd-mm-yyyy) <b>27/JAN/11</b>





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**8. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

*(Please see Appendix "A" attached.)*

*- Amendments were enclosed to Licence Holder & added*

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: 06/09/2011  
(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Local Fire Services Name	Print name <i>Richard McCullough</i>	Signature <i>Richard McCullough</i>	Date (dd-mm-yyyy) <i>04-10-2011</i>
--------------------------	-----------------------------------------	----------------------------------------	----------------------------------------

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Signature <i>P. Bissonnette</i>	Telephone No. <i>613-938-5710</i>
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**SECTION C: SUBMISSIONS**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
16-MAR-2007	2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 174'	Right side property line: 12'
Rear: 10'	Left side property line: 19'
GPS coordinates of single largest vessel: N 45° 01.728', W 74° 44.401'	

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Name of person completing this form (please print)	Official Title	
PIERRE BISSONNETTE	OWNER	
Signature	Telephone No.	Date (dd-mm-yyyy)
	613-938-5710	27/JAN/11





Technical Standards and Safety Authority  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

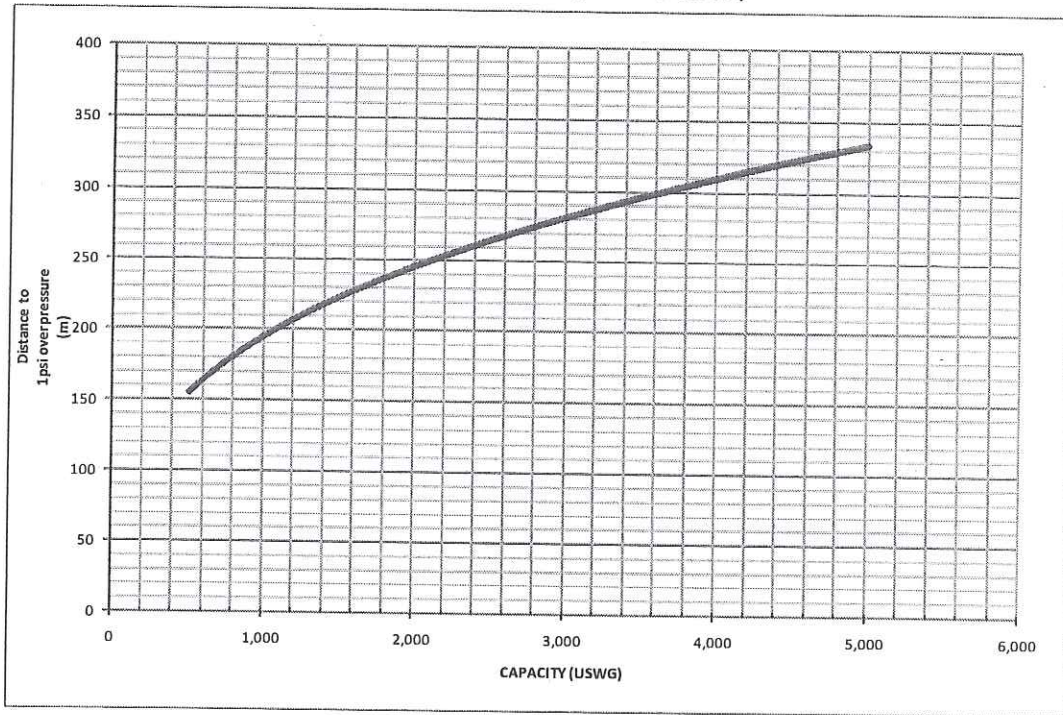
**Table 1: Distance Table**

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

**Hazard Distance Chart (EPA-TNT model)**



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Signature <i>[Signature]</i>	Telephone No. <i>613-938-5710</i>	Date (dd-mm-yyyy) <i>27/JAN/11</i>



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**SECTION C: SUBMISSIONS (cont'd)**

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As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: <u>ADALARD DAVID ENTERPRISE</u> Address: <u>230 Eleventh ST. W.</u> City: <u>CORNWALL</u> Province <u>ONT.</u> Postal Code <u>K6J3B2</u>		X			<u>31</u> m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____				X	<u>71</u> m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____			X		<u>45</u> m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

\* For multi-unit buildings, count each unit as "1".

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Signature 	Telephone No. <u>613-938-5710</u> Date (dd-mm-yyyy) <u>27/JAN/11</u>





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**SECTION C: SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Portable Storage Additional Information Sheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5	10	295
# 40	11.75		
# 33.3	9.62	20	192
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>		30	487

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	*	487.
<b>Total Tank Capacity</b>	*	2000
<b>Total Portable Capacity</b>	*	487.

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Signature <i>[Signature]</i>	Telephone No. <i>613-938-5710</i>	Date (dd-mm-yyyy) <i>27/ JAN / 11</i>



23 ELEVENTH ST. WEST

Access

EXTINGUISHER

EMERGENCY SHUT OFF

2000 US GPG PROPANE TANK

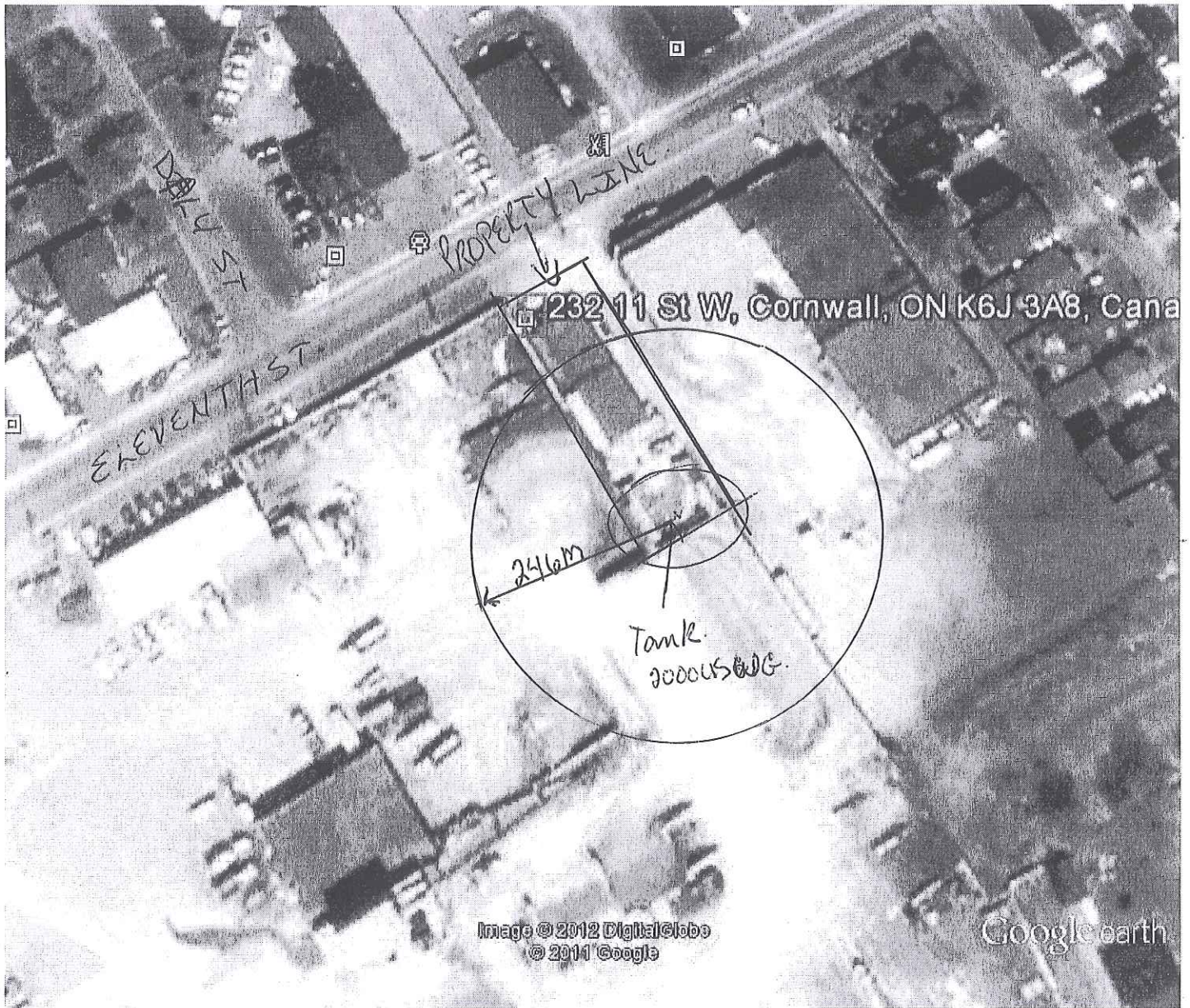
MIN. 300 MAX 350 CYLINDERS

APPROX Volume 1400 M<sup>3</sup>

Super

AL





Google earth



$N45^{\circ} 01.728'$ ,  $W74^{\circ} 44.401'$

CITY OF CORNWALL, ONT.

Municipality Contact

Steven Alexander.

General Manager (site planning)

613-930-2787 (2353) Phone

613-930-7426 FAX.